

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 1 of 2

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>O</u>	<u>9/28/2017</u>		<u>KFC Yigo</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER
Complaint	<input type="checkbox"/>	<input type="checkbox"/>		<u>2:40 pm</u>	<u>4:25 pm</u>	<u>Gham Fast Foods, Inc.</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	RATING	SANITARY PERMIT NO.		LOCATION (Address)
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	<u>170000714</u>		<u>Tract 169 Lot 1-B-NEW Northpoint Plaza 486 Marine Corps Highway Yigo, Guam</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>Restaurant</u>			<u>1</u>	<u>300-3277</u>	<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations		
				<u>0</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	<input checked="" type="checkbox"/> IN	OUT			6
Person in charge present, demonstrates knowledge, and performs duties					
Employee Health					
2	<input checked="" type="checkbox"/> IN	OUT			6
Management awareness; policy present					
3	<input checked="" type="checkbox"/> IN	OUT			6
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices					
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	<input checked="" type="checkbox"/> IN	OUT			6
Adequate handwashing facilities supplied & accessible					
Approved Source					
9	<input checked="" type="checkbox"/> IN	OUT			6
Food obtained from approved source					
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	<input checked="" type="checkbox"/> IN	OUT			6
Food in good condition, safe, and unadulterated					
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
13	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Food separated and protected					
14	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Food contact surfaces: cleaned & sanitized					
15	<input checked="" type="checkbox"/> IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					
Potentially Hazardous Food (TCS Food)					
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper cooking time and temperatures					
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper reheating procedures for hot holding					
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper cooling time and temperatures					
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper hot holding temperatures					
20	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Proper cold holding temperatures					
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	6
Proper date marking and disposition					
Consumer Advisory					
22	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
23	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Pasteurized foods used; prohibited foods not offered					
Chemical					
24	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Food additives: approved and properly used					
25	<input checked="" type="checkbox"/> IN	OUT			6
Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					
26	<input checked="" type="checkbox"/> IN	OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan					

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27	<input type="checkbox"/>	Pasteurized eggs used where required			1
28	<input type="checkbox"/>	Water and ice from approved source			2
29	<input type="checkbox"/>	Variance obtained for specialized processing methods			1
Food Temperature Control					
30	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1
31	<input type="checkbox"/>	Plant food properly cooked for hot holding			1
32	<input type="checkbox"/>	Approved thawing methods used			1
33	<input type="checkbox"/>	Thermometer provided and accurate			1
Food Identification					
34	<input type="checkbox"/>	Food properly labeled; original container			1
Prevention of Food Contamination					
35	<input type="checkbox"/>	Insects, rodents, and animals not present			2
36	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			1
37	<input type="checkbox"/>	Personal cleanliness			1
38	<input type="checkbox"/>	Wiping cloths: properly used and stored			1
39	<input type="checkbox"/>	Washing fruits and vegetables			1
Proper Use of Utensils					
40	<input type="checkbox"/>	In-use utensils: properly stored			1
41	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used			1
43	<input type="checkbox"/>	Gloves used properly			1
Utensils, Equipment and Vending					
44	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips			1
46	<input type="checkbox"/>	Nonfood-contact surfaces clean			1
Physical Facilities					
47	<input type="checkbox"/>	Hot & cold water available, adequate pressure			2
48	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2
49	<input type="checkbox"/>	Sewage and wastewater properly disposed			2
50	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			2
52	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas use			1
Documents and Placards					
54	<input type="checkbox"/>	Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 9/28/17

Follow-up (Circle one): YES ☒ NO ☐

Follow-up Date

Food Establishment Inspection Report

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14 FC 4:90

LOCATION (Address) Tract 169 Lot 1-21- new north point
plaza 486 Marine Corps drive 4190, Guam

INSPECTION DATE
9 / 28 / 2017

SANITARY PERMIT NO.
17 0000 714

PERMIT HOLDER
Guam Fast Foods, INC.

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
fried chicken / warmer	161.9°F		
fried chicken / warmer	165.2°F		
original chicken / warmer	141.1°F		
grilled chicken / warmer	146.6°F		
Red Rice / warmer	148.1°F		
Raw chicken / chiller	30.9°F		
Raw chicken / chiller	39.0°F		
Raw chicken / chiller	39.1°F		

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

**CORRECT
BY DATE**

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY AND NO VIOLATIONS WERE OBSERVED.

BRIEFED PIC ON THIS INSPECTION
ISSUED "A" PLACARD NO. 03035

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

Large (Print and Sign) Reidy S. Nifaro Okunuro

Date: _____

Date: 9/28/17

DEH Inspector (Print and Sign)

Derien Mitchell EPHO-II

Jerome Garcia ERHO-I

Date: _____

9/28/2017

Rev: 08.27.15

White: DPHSS/DEH	Yellow: Food Establishment
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